


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 757460 1. Entity Name WESTSIDE ALLIANCE CHURCH OF WEST PALM BEACH, INC., OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF	
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Principal Place of Business 1815 FOREST HILL BLVD WEST PALM BEACH, FL 33406	Mailing Address PO BOX 15633 WEST PALM BCH, FL 33416 US
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02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2346850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHERT, GEORGE E
736 ELAINE RD
WEST PALM BEACH, FL 33413**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHERT, GEORGE E 736 ELAINE RD WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, JESSE 3970 PENSACOLA DR LANTANA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANLEY, JOSEPH 5940 STRAWBERRY LAKES CR LAKE WORTH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINMAN, TIMOTHY 4718 BIMINI LN WEST PALM BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAVANAUGH, ARTHUR 6031 FAIR GREEN RD WEST PALM BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINMAN, TIMOTHY 780 CLEARY RD WEST PALM BEACH, FL 33413
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02/24/05 80080-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05 561-686-6452

Date

Daytime Phone #